RS EDEN

_____ *Criminal History Check and Release Form*

(Please print clearly or type)

Date: _____ Sex: ☐ Male ☐ Female

The following named individual has made application with this agency for employment:

Name: _____, _____, _____
(Last) (First) (Middle)

Maiden, Alias, or Former Name: _____

Address: _____ City/State/Zip: _____

Date of Birth: _____ Social Security # _____

Driver's License # _____ State: _____

Do you have an arrest record? ☐ Yes ☐ No

If yes, list Date(s), Location(s), and Charge(s) or Conviction(s):

_____

_____

*Have you had any out of state addresses in the past 5 years? YES or NO (Please circle one)
-If YES, please provide City, State, + years below (Ex: LaSalle, IL 2011-2015)

Are you currently under the supervision of any federal, state, county, or local corrections agency?

☐ Yes ☐ No If yes, list Agency: _____

Contact Person: _____

*Email Address: _____ (information on the next step for completing this will be sent to this email)

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to RS Eden for the purpose of employment consideration as:

_____ with _____
(Position) (Program/facility)

This authorization shall be for a period no longer than one year from the date of my signature.

_____ _____
(Signature of applicant) (Date)

Out of State Addresses

[redacted]

NOTE: This agency, at its discretion, may use the Bureau of Criminal Apprehension's Public CCH website: https://cch.state.mn.us/Common/BCAHome.aspx to access and obtain information regarding your application for employment.